WELCOME TO STATE HOSPITAL NORTH

We hope your stay will be beneficial and as pleasant as possible. When you leave, we hope you will be able to return to your community and add a new dimension to your life.

Interactions with other patients and staff are a necessary and often a rewarding part of your hospital stay and recovery; it can also be stressful. Certain things will be asked of you while you are here. Your cooperation allows us to help you and others while maintaining a sense of structure and safety for you and others on the units. Please read this information and keep it handy for a reference. If you have questions, ask a staff member for direction and/or advice.

D: Data/forms/handbook Revised 08/01/12 sc

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WHAT TO EXPECT (our philosophy of treatment)

Our goal is to involve you as the most active person in your recovery from this episode and get you back to your life outside the hospital as soon as possible.

To do this we use an **individualized** approach to treatment. This means we look at you as a whole person, unique and special, with your own individual treatment needs.

The people on your team will meet with you and directly involve you in the development of your treatment plan.

Your treatment plan will be your guide to actively work on your treatment goals. The focus of your treatment will cover three main areas:

1. **Medical/Biological**: This includes:

Things like your genetics and inherited traits (which you cannot do much about, but understanding them can help);

Any medical illness you have or medicines you take; Any chemical substances you use or abuse (like drugs or alcohol); Your diet, sleep and level of physical activity;

Your brain chemistry and the medicines you are prescribed for any psychiatric symptoms.

2. **Personal/Psychological**: This area includes:

How you feel about yourself and your self-esteem;

Your values and spiritual/religious beliefs;

Your personality style;

The coping skills you have or could learn;

The ways you react to stress in your life.

3. Environmental/Social: This includes:

Your living arrangements and physical environment;

Finances and employment;

How you spend your time;

Relationships and support people (friends, family, case workers, etc.)

TREATMENT REVIEW MEETINGS

This is the time members of your treatment team get together to make your treatment/recovery plan and evaluate how well it is working for you. You have the option to attend this meeting if you would like.

They look at:

- 1. Your goals; (What you want to accomplish while in the hospital.)
- 2. Your strengths
- 3. Your barriers to recovery; (The symptoms, conditions, or behaviors that resulted in your hospitalization.)
- 4. Types of treatment recommended; (medicines, groups, etc.)
- 5. Your level of participation; and progress toward goals; and
- 6. Your interactions with others and your general behavior.
- 7. Your **diagnosis**; (the name that is given to your illness, condition, or symptoms);

They consider what changes might be made in your treatment plan and how you are progressing toward discharge. You may not always agree with your treatment team or your treatment plan, but they will do their best to listen to your concerns.

The usual schedule for your treatment review meeting is:

- 1. Your treatment plan is developed by your team within 48 hours of admission.
- 2. At approximately **14 days** later this plan is reviewed to see how things are working for you and if changes in the plan needed to be made.
- 3. A review will then be held every 30 days as long as you are hospitalized. Please note that your discharge date is not necessarily determined by your review date. As your symptoms improve your treatment team may talk with you about returning to your community at any time.

Remember that your plan is individual and so your schedule of treatment review meetings could <u>vary</u> if needed.

DISCHARGE PLANNING

Discharge planning is an important part of your treatment. The treatment team begins the discharge planning process as soon as you are admitted through talking with you about potential barriers that may need to be resolved before you can return to your community. During treatment planning meetings this information is discussed with you and discharge plans can be revised if necessary. Your Clinician and our discharge coordinators will assist you in making the transition from SHN back to your community after talking with you, your family (if this is helpful), and your community mental health team.

HOW TO GET THE MOST OUT OF YOUR HOSPITAL STAY

At each meeting with any of your team members (practitioner, clinician, TR, nursing staff) you will want to be sure to <u>ask any questions</u> you have about your treatment plan.

We hope you will feel comfortable in giving feedback to your team on how you think your plan has been working so far.

You can fill them in on all the areas you have been actively participating in.

This is also your opportunity to give them any <u>new information</u> about yourself that you have remembered that might be helpful in your treatment.

If you choose to attend your treatment review, one way to think of questions for your treatment review meeting is to go back to the three main areas we try to cover:

MEDICAL/BIOLOGICAL: Let the team know if you are having any problems with eating, sleeping, physical activity, or medical health. Talk about any side effects to your medication that you don't like. For many people, taking medications as prescribed on a regular basis is the best way to avoid another hospitalization. Now is the time to work with your doctor/practitioner to be sure you are on medication that you will feel comfortable taking after you leave the hospital. If you don't think you will keep taking your medication when you leave, let your team know that too.

Discuss how any **medical conditions** or **drug/alcohol** issues are affecting your recovery.

<u>PERSONAL/PSYCHOLOGICAL</u>: Talk with your team about your emotions and how effectively you are managing your feelings. Let us know how you are responding to stressors in your life and tell us which skills you are learning in your groups are most helpful.

ENVIRONMENTAL/SOCIAL:

Do you have concerns about housing or money?

What are you learning about how the way you **relate to others** affects you? Are you working to **build a support system** for when you leave the hospital? Are you gaining ideas on how to spend your **free time** in healthy ways that will support your recovery?

What are your current discharge plans?

You may have other areas that you want to discuss with your treatment team. You are welcome to do this during your treatment review meeting or during some of the scheduled groups we offer. Your contact person can also help through being supportive and reviewing your notes with you.

COMMUNICATING WITH YOUR TREATMENT TEAM

Outside of your treatment review meetings there are other ways to let your team know how you are doing and what you need.

You can talk to a nursing staff, especially your **Primary Nurse** or **Contact Person**. We encourage you to interact with your contact person to help you meet your treatment goals.

MORNING MEETING

Members of the treatment team meet regularly on both Units to discuss how things are going with you.

Staff members who have had interactions with you recently let the rest of the team know how things are going with your treatment so far.

If you want to meet with a particular member of your team, or if you want to request an increase in your privileges, or have something else you want to communicate to the team, there is a request form you can fill out and it will be read in the morning meetings. (Nursing staff can help you with this.)

The nursing team leader will usually let you know the team's response to your request. If you did not get what you asked for, you will be given the reason for the team's decision, as well as a clear plan for how you may achieve your request goal.

Not everyone can be seen every time they request it, but the team members will do their best.

YOUR TREATMENT TEAM

All the following people are here to work with you on your recovery and return to your community:

NURSING STAFF (See page 10)

CLINICIAN TEAM

Clinicians assist you with all aspects of clinical services affecting your hospitalization including treatment plan development, assisting the treatment team and you with discharge planning, answering questions, and helping you problem solve issues both at the hospital and in your life circumstance. Clinicians offer classes designed to help you learn more about your diagnosis and ways to manage your symptoms. Each Clinician Team includes a PSR (Psychosocial Rehab Specialist). Please direct any PSR request to your Clinician for consideration by the treatment team.

PRACTITIONER (Psychiatric doctor, Nurse Practitioner, or Physician Assistant)

Your **Practitioner** is the psychiatrist, physician assistant or nurse practitioner who is assigned to lead your *treatment team* and direct your treatment while you are here. He or she does your *admission interview* when you first arrive to get to know you and tries to identify your needs and the best way to help you reach your goals. He or she is the only person who can prescribe your medications or approve medication requests. The Practitioner reviews your progress with the rest of the team during *morning meeting* and evaluates any *requests* you have submitted. They meet with you as often as necessary to help you get the best care while you are here. They also get information on how you are doing by meeting with your nurses, Clinicians, and TR staff who see you individually and in group activities. The Practitioners take turns being *on call* at night and on weekends so that someone is always available for emergency needs. They check the results of any labs or other tests that you might have and they evaluate how well your

medications are working. Although you have a full treatment team to work with you, it is your Practitioner who takes the *final responsibility* for your care and treatment while you are here.

THERAPEUTIC RECREATION (TR) STAFF (See page 11)

DISCHARGE COORDINATOR

Our Discharge Coordinators (DC) are members of the Clinician Team and work with closely with you and your Clinician to insure that the best possible discharge is arranged. As your discharge date approaches, they will be working with you to make arrangements for all of your aftercare services.

LAB STAFF and LAB TESTS

Your Practitioner may order various lab tests for you while you are in the hospital. These tests help them determine if you have any significant medical problems and to monitor your health and medications. Staff will collect blood for the tests and Medical staff will provide you information on the results of these tests.

FOOD SERVICES

The Food Services staff prepare and serve you three meals and an evening snack every day. The menus are planned according to My Plate Guidelines and meet the American Heart Association Guidelines of providing 30%-35% of calories from fat. Standard portions provide approximately 2000 calories and 100-1-5 grams of protein daily.

CLINICAL DIETITIAN

The Clinical Dietitian is registered with the American Dietetic Association and is a licensed dietitian in the state of Idaho. The clinical dietitian provides medical nutrition therapy for patients with special diet needs through individual consults ordered by your practitioner.

HIM (Clerical)

A member of the Health Information Management (HIM) Department will record your treatment plan and reviews as they are developed, and ensure that copies are made for you and your community case manager.

FRONT DESK STAFF

Administration employees are located near the main entrance. We can serve you by keeping an accurate accounting of your personal funds while you are hospitalized. We disburse your funds to you upon request (\$35.00 weekly or more with treatment team approval). We will ask you to provide information about your ability to pay for hospital services. We will explain hospital charges and ask you to sign a payment agreement prior to your discharge from the hospital. If you have questions about Administration services, stop by and ask the Receptionist.

PATIENT REPRESENTATIVE (See page 12)

NURSING STAFF

The Nursing Department consists of Registered Nurses (RNs), Licensed Practical Nurses (LPNs), and Psychiatric Technicians (PTs). They are available 24 hours a day, and we encourage you to come to them with your questions and concerns. They will provide you a safe and healthy environment and assist you in learning more about what you can do to to make your stay at SHN effective and worthwhile.

When you are admitted, you will be assigned a "Primary Nurse." This is the RN who will oversee your care from the nursing perspective while you are here. He/She will meet with you at least once a week throughout your stay to see how you are progressing, answer questions and offer help as needed.

Each shift you will be assigned a "contact person." This is the staff member you can go to with your questions and concerns during that specific shift. The contact person's name is listed beside your name on the board by the nursing station.

The **medication nurse** will give you your medications at their ordered times. We ask that you come to the medication room to get your medication.

The **Team Leader** is the RN in charge of the unit on each shift. On day shift they will attend the Morning meeting and bring your concerns/requests to that meeting for discussion. After the meeting, he/she or a designated person will let you know the teams' decision on your request. Either the Team Leader or another RN will attend your treatment review meeting to provide input into your treatment plan and your progress toward your treatment goals.

The Psych Techs, who are also your contact persons, are here to assist you with getting to the right groups, answer questions, manage the activities, and generally be available to you as needed.

Nursing staff also lead groups on the Unit, and you will be assigned to some of them. We ask that you be respectful of others and not watch TV or use the telephone during groups.

The nursing department staff look forward to getting to know you as they assist you from admission to discharge.

THERAPEUTIC RECREATION

Therapeutic Recreation (TR) is a treatment method used to improve physical, mental, social, and emotional abilities using therapeutic groups and activities. SHN employs four full-time Certified Therapeutic Recreation Specialists (CTRS) who adhere to the American Therapeutic Recreation Association Code of Ethics and must have at least a bachelor's degree with certification from the National Council for Therapeutic Recreation Certification (NCTRC).

TR staff are ready to assist you in acquiring needed skills and knowledge helpful in facilitating an improved quality of life. TR specialists can also assess your ability to function and live independently. The CTRS's are a part of your treatment team and will be working with you around your goals for achieving a healthier balanced lifestyle.

MEDICAL SERVICES

Our SHN Medical Practitioner provides a medical history and physical exam (H&P) for everyone admitted to State Hospital North. This is usually done the next day

after your admission. Our Medical Practitioner also helps your **Practitioner** to manage any physical health problems that occur during your hospital stay. You can get a request form from your contact person to be seen by medical services for any physical concerns or questions you may have. These requests are first reviewed by your Practitioner, and when appropriate a referral is made to medical services.

The Medical Service Department can handle many emergency medical situations, recommend treatment for acute and chronic physical conditions, and can refer patients to specialists as necessary. Referrals depend on the seriousness of the physical problem, your psychiatric condition, and your ability or the State's ability to pay for the consultation.

Unfortunately State Hospital North does not have funds to pay for any medical or dental services that you receive at another hospital or medical facility while you are a patient here (See Idaho Code 66-327, Responsibility for Costs of Commitment and Care of Patients) and you will be listed as the responsible party for these payments. Our accounts and billing specialist will try to help you find any available sources of funding such as Medicare/Medicaid, other insurance, county indigent funds etc.

PATIENT REPRESENTATIVE

State Hospital North staff respect and support the right of every patient to express concern about any aspect of his/her hospital stay. As a way to assist patients in this process, we have a Patient Representative who has been asked to help in several ways. One of the Patient Representative duties is to ensure that the legal rights you have as a patient are not violated. Another function is to ensure that you are treated with respect and dignity during your stay at the hospital.

If during the course of your hospitalization you have concerns about violations of your rights, you can report this **confidentially** through filling out a Patient Concern Form. These forms can be found on each unit next to a locked container labeled "Suggestion Box." You may complete this form at any time and deposit it into the suggestion box which is checked daily during week days and in the morning after weekends and holidays. Unit staff can assist you in filling out these forms if you are comfortable having them involved. Collected forms are forwarded to the

Patient Representative who will review them and meet with you to see if the matter can be resolved.

In addition to helping you on a personal level, the Patient Representative is a member of the Patient Concern Committee. This committee has the charge of making certain people receiving treatment at State Hospital North have the best care possible. All of your concerns reported to the Patient Representative are also presented to this committee at their next meeting for review, discussion, and decision making if appropriate.

The Patient Representative also acts as a contact person for the DisAbility Rights Idaho Agency. That agency is also charged with protecting the rights of those who are in treatment at this hospital as well as those who are receiving care in other settings throughout the State. If you believe that your patient rights have been or are being violated, you can also contact DisAbility Rights Idaho directly. Their statewide toll-free number is 1-800-632-5125.

RULES FOR SAFETY

- 1. Fire Alarm and Codes: When the fire alarm sounds, or any other code, come to the A/B day hall and wait for staff to direct you, or if you are with staff already, (e.g. in the gym) they will direct you.
- 2. Items Not Allowed in the Hospital: Patients may not have in their possession or use any alcohol, drugs, herbs, over-the-counter medications or other non-food substances, unless prescribed by a SHN Practitioner.

Other Items that are NOT allowed for Safety Reasons:

Any weapon or explosives

Sharp items (scissors, blades, pins, etc.)

Matches or lighters

Products that contain alcohol or volatile (strong smelling) chemicals (e.g. mouth wash, nail polish remover, etc.)

Glass (bottles, mirrors, etc.)

Disposable razors

Electric cords (exceptions may be made for personal electronic device chargers) Plastic bags

Metal pop cans or aerosol cans

Metal coat hangers

Electrical devices without a GFI switch, including (but not limited to) curling irons, flat irons, and blow dryers

3. For safety reasons we need to know where you are at all times. Here is how you can help:

Do not leave the hospital boundaries. Nursing staff will orient you about appropriate boundaries before you walk on your own.

Please ask, and stick to, the limits of your <u>privilege level</u>. (See pages 17-18)

Sign-out Board: When leaving the unit for any reason, always remember to write the time you left and where you are going. When you get back please erase this information.

4. **Behavior**: To keep everyone safe we cannot allow any **assaultive** or **destructive** behavior. If you have trouble regulating your own behavior, we will do everything we can to help you and to keep the unit safe. This may include talking, offering other coping skills, as-needed medication, time in a quiet room. In extreme cases, if needed to keep everyone safe, we may use seclusion or restraints. If necessary we will have the local law enforcement officers respond.

Information on the use of Seclusion and Restraint

It is the philosophy and policy of State Hospital North to provide an environment that is healing and therapeutic and that protects and ensures the safety of all. Our staff is trained to use every possible alternative to avoid the use of seclusion and restraint. Seclusion and restraint are used in a behavioral emergency when all other alternatives have failed.

What is Seclusion? This is when a patient is locked in a quiet, safe room with a bed that is fixed in place and no items with which they could hurt themselves.

What is Restraint? This is when a patient has lost control over their behavior and is in immediate danger of hurting someone or themselves. The patient is placed on the bed in the quiet room and held in place with restraints over their middle and/or on each arm and leg. As few restraints as possible are used to keep the patient and others safe.

What Will Happen While in Seclusion and Restraint? The patient will be continuously monitored by nursing staff through the window of the quiet room. Routinely the patient will be assessed by staff and personal needs will be addressed as well as an evaluation for release from the seclusion or restraint. The patient will be released as soon as he/she is safe again. At all times nursing staff will make it a priority to safeguard the patient's dignity, privacy, physical and psychological well-being. Seclusion and restraint is NOT punishment. It is used only when there is no other way to keep people safe and its use is discontinued as soon as possible.

How do we Try to Avoid Seclusion and Restraint? Staff will ask each patient to let them know what things work best for them to help them stay in control of their

behavior. When a patient is having difficulty staying safe, staff will do as many of the following as they can:

Talk with you. Check and adjust medications.

Ask you to do things differently. Provide safe activities. Provide time out. Increase supervision.

Reduce privileges for safety. Reassure and explain the situation.

5. Illness or Injury: Report any injury to staff immediately. If you have any physical problems/symptoms of illness, report them to nursing staff who will make an initial assessment and let the doctor or practitioner know if necessary.

If you think your privilege level should be lowered due to safety concerns, ask staff right away. Put in a **request** for an increase in privileges to your treatment team for review at their next morning meeting.

Safe Personal Boundaries

Contact with anyone from the neighboring prison is not allowed.

To protect you during this vulnerable time, we encourage you to limit physical contact to handshakes and "high fives." Hugs, kisses, back rubs, sex, etc. are not allowed.

Romantic relationships between patients are not allowed. (This is a time and place to focus on yourself and getting well.)

Do not enter another patient's room, even if invited.

Do not allow other patients in your room.

Do not trade, lend, sell, borrow, give away, or accept any money or other items. (This includes pop, candy, clothes, gifts, etc.)

Do not ask another patient to lend, sell, borrow, give away, money or other items.

Do not destroy hospital or other peoples' property or belongings.

No gambling of any kind - for money, chips, or "bets."

Do be responsible and considerate of the rights of others.

Do use appropriate language (no profanity, sexually suggestive, racist or prison slang language).

Cameras or taking pictures are not allowed by patients or visitors because of the need to protect patient confidentiality.

SAFETY COMES BEFORE CONFIDENTIALITY

If you become aware of other patients talking about running away from the hospital, harming themselves, harming others, or having prohibited items, please share this information with staff. It could be any staff you are comfortable talking to. Do not view this as "tattling," "snitching," "narcing," etc. Patients are here under various circumstances and all have different problems and disorders, so they may be at different levels mentally, physically, and emotionally than yourself. By letting staff know, you not only may help others keep safe, but continue to feel safe yourself. Treatment is not intended to be highly restrictive, but does save lives occasionally and ensures the safety and wellbeing of all.

PRIVILEGE LEVELS

DEFINITIONS OF SPECIFIC PRIVILEGE LEVELS

- A Privileges Patients have the freedom of their assigned unit. They can use the courtyard with staff escort. If it is necessary for them to leave their assigned unit, they need a 1:1 staff escort. They need a separate Practitioner order to leave the hospital. This level is mandatory for patients on close observations.
- **B- Privileges** Patients with **B-** privileges have all the freedoms of **B** privilege patients, except they also need a staff escort in the courtyard.
- **B Privileges** Patients have the freedom of their assigned unit and the courtyard when it is open. They may leave the unit with a staff escort. (This does <u>not</u> have to be 1:1.) These patients require staff escort and Practitioner approval if they have to go off campus (e.g.: Town Run or Dentist Appointment etc.)

Note** 18-212 Patients: These patients will achieve a maximum of B Privilege level only with the additional restriction that they may not go out on group walks or leave the campus without a Practitioner order.

C- Privileges - Patients have the freedom of their assigned unit and the courtyard when it is open. They may be unescorted within the hospital within designated boundaries and times. When leaving the unit for any reason they must sign out on the board and check in every 30 minutes. They need staff escort to be outside. These patients require staff escort and Practitioner approval to go off campus.

C Privileges - Patients have the freedom of their assigned unit and the courtyard when it is open. They may be unescorted within the hospital and hospital grounds within designated boundaries and times. When leaving the unit for any reason they must sign out on the board and check in every 30 minutes. These patients require Practitioner approval to go off campus.

All patients, regardless of privilege level need a Practitioner order to leave campus without an SHN staff member (e.g.: pass with family)

Conditional Privileges- An order for "Conditional" privileges may be written at any level. It means the patient may be placed on a lower privilege level as judged necessary by nursing team leader and then increased back to the conditional level when judged appropriate without a separate Practitioner order each time.

Determining Privilege Levels:

Privilege levels will be assigned by your practitioner in consultation with your treatment team and will be based on:

To maintain privilege increases you will be required to consistently demonstrate that you are able to attend all of your assigned groups as well as maintain safe behaviors. You may wonder why attending groups is considered in assigning privilege levels. At State Hospital North, groups are an integral part of the recovery process. Each staff person facilitating a group has made the curriculum one that will allow you to obtain insight into your individual issues as well as provide you with skills for managing those symptoms that cause problems for you here and

^{*}your ability to manage group attendance,

^{*}regulate your own behavior,

^{*}and maintain safe boundaries.

when you have returned home. As part of your recovery, we would like to help you make everything you do while at the hospital therapeutic. This will include showing up for your assigned groups prepared and on time, being able to tolerate individual differences, and to challenge yourself through joining in the group exercises and discussions. For example, if you have difficulty getting out of bed here to attend groups, it is likely that you also have missed scheduled appointments with your treatment team at home. Likewise, if you feel too anxious to attend groups here, chances are you will also isolate yourself at home. Moving up in privileges is a demonstration of your ability to learn and utilize new skills that are necessary for a successful transition back to your community.

PASSES

There are two types of passes: "on-grounds hospital pass" and "off-grounds hospital pass." A pass must be requested by you, reviewed by your treatment team, and ordered by a Practitioner. Generally, you will not be granted a pass during programming hours (non-Holiday weekdays, 9 a.m. to 7 p.m.) When on pass you must leave no earlier than or return no later than the time specified. On-grounds passes allow you to visit with guests and exempt you from program activities. Off-grounds passes allow you to leave the boundaries of the hospital grounds. While on pass you must not use alcohol, illicit drugs, or any medication not ordered. Passes must state whom you will be with and where you will be. The staff may choose to do drug/alcohol testing upon your return from pass, if deemed appropriate. Staff must inspect all items brought back from pass. Patients on an off-grounds pass who cannot return to the hospital on time (due to unforeseen problems) should call the hospital and alert staff. At nursing discretion, you may be subjected to a patdown search to ensure contraband does not enter the unit.

CHURCH PASSES

You may request to attend a local church of your choice. You will need to arrange your own transportation, which many local churches provide. Requests to attend church need to be made through your treatment team. You will usually need to have attained C privileges.

ON UNIT ACTIVITIES

Here is a list of free time activities available to you on the unit.

Board games Drawing

Playing cards Exercising/stretching
Letter writing material Working with clay
Video games Riding exercise bike

Individual crafts Hackey sack in courtyard

Listening to music Educational videos

Journaling Entertainment videos

Books and magazines Talking on the phone

Computer games Requesting to go to the gym during free

Coloring time (C privileges needed)

Material for collages Playing catch with nerf ball in courtyard

Paint by number Writing stories, poems, rhymers

Crocheting Ping pong
Needlework Bingo

Exercise videos Latch hook

Watching TV Decorating the unit for holidays

Socializing with peer Frisbee in courtyard Listening to relaxation tapes

A HEALTHY ENVIRONMENT

Personal:

- 1. **Personal Cleanliness**: Personal cleanliness is very important. It is recommended that you shower and a change clothes at least every other day. This can also help us measure your readiness for an increase in privileges and for discharge.
- 2. **Dress Code:** You may wear your own clothes while you are here. But we ask you to follow some guidelines for everyone's comfort and safety. You may not exchange or borrow clothes with another patient. You may donate clothes to the clothing room upon discharge if you choose. Socially appropriate clothing (appropriate to the local standard) must be worn at all times. Shirts should cover the chest, and midriff (belly button), and spaghetti strap tops are not allowed. Shorts must be at least mid thigh length. Clothing with vulgar, alcohol, drug or sexual pictures or words are not allowed. No see-through clothing or clothing that is ripped, torn, or worn thin. Appropriate attire must be worn at all times. Shoes or flip flops must be worn at all times outside of your assigned room, no bare feet. Boots are generally not allowed. You may be requested to change your clothes in certain situations. If you need clothes, staff will accompany you to our clothing room.
- 3. **Haircuts**: For health and safety reasons, patients are not allowed to cut other patients' hair. A beautician comes in periodically to do haircuts at patient's expense.
- 4. **Laundry:** A washer, dryer, ironing board, and iron are available for your use. Please wash your clothing regularly. Laundry soap and dryer sheets are available at the nurses' station.
- 5. Mail: You may mail letters through the nurses' station at any time. If you have no money for postage, the hospital will pay for up to five standard-sized (47 cents) letters per week. You may also mail personal packages or larger parcels at your own expense, and nursing staff will assist you in making these arrangements. In order to assure your mailed items reach the intended persons, we ask that you include your name and the return address of 300 Hospital Drive, Orofino, ID 83544. If you do not wish to be identified as a patient at State Hospital North, please speak to your clinician about an alternative that is available. In-coming mail

is delivered to the Units each weekday afternoon. There is no delivery on weekends or holidays. Outgoing mail has to be in our hospital mailroom by 9:30 a.m. so it is picked up from each unit early in the morning. For safety reasons, we ask that you open packages and mail in the presence of staff.

Please ask your family and friends not to send any type of food products to you at the hospital. If you do receive food items from home (including candy and gum), perishable items will be thrown away, non-perishable items will be stored with your belongings until you are discharged. You may purchase snacks in the canteen, but you are limited to three items that can be consumed that day. No food items will be allowed in your room.

- 6. **Computers:** There is a computer and a printer available for patients to use on each unit. The computer is for use as a word processor only. We do not have general patient access to the internet and e-mail. Any cell phones, lap top computers, or DVD players brought to the hospital will be safely stored until discharge.
- 7. **Personal Stereos**, **CD's MP3s**, **iPods**, **etc**: These devices may only be played with the use of headphones. Electrical cords are not allowed, so stereos must be battery operated. (You must supply your own batteries.) You must wear headphone while on the unit and play them at a reasonable level in your room. If any of these devices include a camera or internet access, you will not be able to use them during your stay at SHN.
- 8. **Visitors:** Visitors are welcome in the hospital. You will be asked to keep your visits to non-group times. Exceptions to this must be approved by your treatment team. Visits are allowed only in designated areas. No one is allowed on the unit without specific approval. Visitors may be asked to leave if they become disruptive, inappropriate, or if they appear to be under the influence of mood altering substances. Visitors under the age of 18 must be accompanied by a parent or guardian. Visiting hours are noon-8 p.m. (non-group times) on weekdays and 8 a.m. 8 p.m. on weekends and holidays.

Your Room: Patients may personalize their rooms within these guidelines:

1. Tape may be used on your closet, bulletin board, or desk but do not use tacks, nails or tape on any of the walls, doors, light fixtures, or windows.

- 2. We strongly recommend that you turn valuables into the staff for safekeeping. If you choose to not do this consider at least locking them up in your locker. Items sometimes get lost or stolen and SHN cannot be responsible for replacing them if this happens.
- 3. Please turn off lights when leaving your room.
- 4. Weekly checks by staff are done in all patient rooms to assure you do not have contraband. Items found at this time will be discarded or locked in patient storage.
- 5. Please store dirty clothes in the laundry basket provided and place the basket off the floor.
- 6. Please keep your room neat.

Main Dining Room and Canteen

Dining Room:

- 1. For health and sanitary reasons patients may not take food or beverages out of the Dining Room
- 2. If you don't like a given meal, you can have yogurt, cottage cheese or peanut butter as an alternate for the main dish.
- 3. Saltine crackers, ketchup, mustard packets, mayonnaise packets, jelly, jam, margarine, bacon bits, and sliced bread are available on request one (1) each.
- 4. Fruit can be requested to replace a regular dessert when fruit is not the dessert for that meal.
- 5. Alternate_entrees will be provided when approved by the Clinical Director, Dietary Supervisor, or Practitioner order. These requests must be made 24 hours in advance.
- 6. Behavior toward staff and other patients must be courteous in order to get and keep dining room privileges.
- 7. You must wear appropriate clothing to go to the dining room. Pajamas are not allowed and you must wear shoes or slippers.

Meal will be served in the dining room:

Breakfast 6:30 to 7:45 AM Lunch 11:45 to 12:45 PM Dinner 4:30 to 5:30 PM

The dining room will remain open for 15 minutes following the end of the serving time to allow time to finish eating your meal.

Menus are posted on the bulletin board on the unit.

Canteen:

The canteen is only available for patient use at specific times and with staff escort. Food purchased in the canteen may be brought back to the unit.

Canteen trips are done on both units daily.

Personal funds are used for canteen purchases. If you do not have any money a canteen coupon will be provided as long as you are attending Early Birds each time it is offered.

Money Matters

Payment for Services: According to Idaho Statutes 66-327 RESPONSIBILITY FOR COSTS OF COMMITMENT AND CARE OF PATIENTS and 66-354 MENTALLY ILL PERSON WITH ASSETS SUFFICIENT TO PAY EXPENSES, and Idaho Administrative Rule 16.04.07, RULES GOVERNING FEES FOR STATE HOSPITAL NORTH, the Hospital will charge you for services and you are responsible for payment of your hospital bill. You will be asked to provide financial information to help us determine whether you or a third party are able to pay all or part of your Hospital bill. If you have medical insurance, the Hospital will bill the insurance company and take direct payment from your insurance company. If you want to discuss your hospital bill, financial information or payment plan, please request a meeting with the hospital's Business Office Staff.

Personal Funds and Valuables: During the admission process, nursing staff will account for your money and valuables, record it and assist you in establishing a personal account with the front desk staff. You are responsible for any money and valuables you choose to keep in your possession.

For safekeeping and accountability, we encourage you to deposit funds over \$35. You may make deposits and withdrawals to a personal Trust Fund Account at the Front Desk.

Front desk hours are Monday through Friday, 8 am to 3 pm, excluding holidays.

You will not have access to your personal Trust Account after hours, weekends and holidays, please plan accordingly. You may withdraw up to \$35.00 per week for incidental expenses, although there may be exceptions. Members of your treatment team will discuss these with you.

Phone Calls: You will have access to patient phones to make local and long distance calls at no charge. Nursing may limit the number and duration of calls. Staff work

to protect your privacy and confidentiality. We ask patients to respect each other's privacy and confidentiality when answering the patient telephone; however, when using the patient telephone or giving that number out to people to reach you, <u>you</u> should know that other patients may not understand confidentiality. If this is a concern for you, please discuss it with your Clinician.

PATIENT RIGHTS

As a patient of State Hospital North, you have a right to:

- 1. Communicate by sealed mail or otherwise with persons, inside or outside the facility, and to have access to reasonable amounts of letter-writing material and postage.
- 2. Receive visitors at reasonable times.
- 3. Wear your own clothes; to keep and use your own personal possessions, including toilet articles; to keep and be allowed to spend a reasonable sum of money for canteen expenses and small purchases.
- 4. Refuse specific modes of treatment, except in case of emergency or if a court of law determines that you are unable to make rational decisions about treatment.
- 5. Be visited by your attorney at all times.
- 6. Exercise all civil rights.
- 7. Have reasonable access to all records concerning yourself.
- 8. Communicate by sealed mail with the court of law, if any, which ordered your commitment.
- 9. Be treated with dignity and respect. This includes privacy with treatment and care of personal needs.
- 10. Your own "care plan," which includes the following:
 - Equal care and treatment no matter how your treatment is being paid for.
 - b. Treatment and care in the least restrictive environment allowable.
 - c. A personalized treatment plan (one designed for you alone).
- 11. Be informed by your doctor of your medical condition, unless the doctor believes it is not in your best interest. (This must be written in your patient

record with the reasons for withholding this information from you.)

- 12. Not participate in any research projects.
- 13. Practice your religious beliefs, and not have to practice those of others.
- 14. Not perform services for the facility.
- 15. Associate and communicate with people of your choosing. Privacy will be provided for visits with family, friends, clergy, attorney, or for business reasons.
- 16. Voice complaints or grievances, without reprisals, through established procedures.
- 17. Have these rights explained to you in words you can understand by a member of your treatment team.

The Administrator of State Hospital North may deny your rights only in the case of an emergency, or if a court of law has determined that you lack the ability to make an informed decision about your treatment. Right #5 and #6 shall not be denied under any circumstances. In this case, the reason for denial shall be part of your treatment record and a copy shall by sent to the appropriate court of law, your spouse or guardian, and your attorney. If you don't understand any of these rights, please ask a staff member to explain them to you.

ADDITIONAL RIGHTS: You also have other rights.

The right to have your family and personal physician notified of your admission.

The right to be free from abuse or neglect.

If you think any of your rights have been violated or if you have any other complaints, please refer to our patient concern process.

<u>Civil Rights Complaint Procedure</u>: The Idaho Department of Health and Welfare is committed to equal opportunity in the delivery of program services to patients. Anybody who feels he or she has been excluded from participation in, or denied

the benefits of, services on the basis of race, color, national origin, religion, sex, age, or handicapping condition may file a complaint with the Department within 180 days after the alleged discriminatory action has taken place. Please ask for more information and check the bulletin board.

<u>Legal Representation</u>: The following agencies are possible sources of legal representation regarding your commitment status and/or civil rights:

- 1. The attorney/law firm who represented you at your hearing
- 2. Legal Aid, telephone number 1-208-743-1556
- 3. DisAbility Rights Idaho, telephone number 1-800-632-5125
- 4. Alison Brandt, telephone number 476-7212, attorney services available to you at no cost

<u>Mental Health Advocacy Services:</u> If you think you are being mistreated, abused, neglected, or that your rights are being/have been violated, DisAbility Rights Idaho, Inc., may help you. These services are free, and all inquiries are kept confidential. Call 1-800-632-5125 or write, DisAbility Rights Idaho, 428 W. 3rd Street, Suite #2, Moscow, Idaho 83843.

EXIT INTERVIEW

We try to provide the best inpatient care possible and like to know where you think improvements can be made. Please assist us by completing the Exit Interview Form before you leave. In most cases, an exit interview will be provided for you to complete a day or two prior to your discharge. (See copy of exit interview on the next page.)

We'd like your feedback.

Thanks for taking the time to read this handbook. We hope the information helps you gain the most from your hospital stay. Remember, all the staff are here to help you. Feel free to ask them any questions you have and they will help you find the answers.

We have tried to make this handbook as helpful as possible.

If you have any suggestions for improvements to this handbook, please write them below and include with your Exit Interview or leave them with your contact person.
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HANDBOOK IMPROVEMENT SUGGESTIONS: